

VIII

CORRESPONDENCE

To the Editors, THE BRITISH JOURNAL OF VENEREAL DISEASES.

January 14th, 1935.

COMPLEMENT FIXATION IN GONORRHOEA

DEAR SIRs,—Dr. Price's article in the October number of the B.J.V.D. is in many respects admirable and it is to be hoped that it will lead to a greater use of the test by clinicians, but I would suggest that he is inclined to overstate his case.

Surely it is somewhat dangerous to state that a positive test "is *always* indicative of the presence of living gonococci in the tissues" (p. 266), especially when he says (p. 249) that "the reaction itself does not signify the presence or otherwise of gonococci in the tissues."

J. Dörffel (*Arch. f. Dermat. u. Syph.*, 1933, v. 169, 421-30) quotes a number of cases in which the reaction persisted for many years, yet there was no other evidence of persisting disease. Have not many of us seen cases where we could find nothing wrong over a period of years—where the patient has married and had healthy children without apparently infecting his wife and with no recurrence of symptoms and in spite of a positive reaction?

Dr. Price concludes that the danger of error from cross-fixation with *M. catarrhalis* is only slight. He says, "But it would require a very heavy infection with *M. catarrhalis* for the serum of a patient to give such a reaction (\pm) and in view of the symptoms that such an infection would occasion, it seems doubtful if the test would place the diagnosis in jeopardy." This conclusion appears to be based on a few animal experiments and on two clinical cases. In the animal experiments it is obvious that the meningococcal, catarrhalis and flavus antigens produced less potent anti-sera in their respective rabbits than did the gonococcal.

It is, surely, a very large assumption to conclude from such meagre evidence that practically no human being not harbouring gonococci would give more than a doubtful gonococcal complement fixation however much he may have been a martyr to colds or however much he may have been inoculated against colds.

Finally, is it not a pity to describe a \pm result as "weakly positive"? Would it not be better frankly to use the term "doubtful," and then no misunderstanding would arise?

I am, Sir,

Yours faithfully,
T. E. OSMOND